



Domestic Mutual, Domestic Mutual Fire  
or Cooperative and Assessment  
Fire Insurance Companies

FOR CALENDAR YEAR 2002  
RETURN DUE MARCH 3, 2003

FOR OFFICIAL USE ONLY

$\frac{3}{\text{Tax}}$   $\frac{2}{\text{Year}}$   $\frac{2}{\text{Pmt. Code}}$   $\frac{0}{\text{Tr.}}$   $\frac{0}{\text{Tr.}}$   $\frac{1}{\text{Tr.}}$   $\frac{2}{\text{Tr.}}$

Account Number \_\_\_\_\_

INSURANCE PREMIUMS TAX RETURN

FEIN \_\_\_\_\_

NAIC/  
TAX ID

Company Name \_\_\_\_\_

Home Office Address (Number and Street) \_\_\_\_\_

Mailing Address (Post Office Box) \_\_\_\_\_

Telephone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

SECTION I—REPORT OF PREMIUMS PAID TO UNAUTHORIZED REINSURANCE COMPANIES

Name of Unauthorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$

Total Premiums Paid to Unauthorized Reinsurance Companies ..... \$

Tax Liability—2% of Total Unauthorized Premiums ..... \$

► Make check payable to Kentucky State Treasurer and mail return with payment to:



Mailing Address:

Overnight Address:

KENTUCKY REVENUE CABINET

P.O. Box 1303, Frankfort, KY 40602-1303

1266 Louisville Road, Frankfort, KY 40601

The undersigned principal officer and/or chief accounting officer of the company jointly and severally certify that this return has been examined by them and is, to the best of their knowledge and belief, a true, correct and complete return, made in good faith, for the taxable period.

Signature of President or Chief Accounting Officer \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

REPORT PREPARER'S INFORMATION

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

( )  
Telephone Number \_\_\_\_\_

**SECTION II—REPORT OF PREMIUMS PAID TO AUTHORIZED REINSURANCE COMPANIES**

Name of Authorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Authorized Reinsurance Companies During Calendar Year 2002 .....		\$

**INSTRUCTIONS**

- This return must be filed by every Domestic Mutual, Domestic Mutual Fire or Cooperative and Assessment Fire Insurance Company pursuant to KRS 299.530 and KRS 304.4-030.
- Complete Section I by listing the name, address and amounts of premiums paid to each *unauthorized* reinsurance company during the preceding calendar year.
- Compute your tax liability by multiplying Total Premiums in Section I by 2 percent (.02).
- Complete Section II to report premiums paid to *authorized* reinsurance companies during the preceding calendar year.
- File this return on or before March 3, 2003.



For additional information, contact the Revenue Cabinet at (502) 564-4810.